MBY 10687 (Calico)

CONTRACT ID: MA0315

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [x] Copy of Identity Document or Driver's License
- [x] Proof of Residence
- [x] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 27/05/2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000645680

Adopter INFO:
Name & Surname: Mor + Mo. A.M. Muller
Contact INFO: 0 82 455 8084
072909 4987

Completed by: _____ Date: 28/05/2026.

Manager: _____ Date: _____

FUTURE POST HOME INSPECTION (every 6 Months)	
Date of Inspection	Date of Inspection

This checklist must be completed and attached to the front of every adoption that has been processes.

All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

Microchip Number *

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No * 082455 8084

Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications

E-mail * mmuller@wispernet.co.za

If possible, please provide a personal email, not a company email

Title * MRS Initials * A.M. Surname * MULLER

Street 62 21STE LAAN City

Suburb Area Code MOSSELBAY

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

CHIP DETAILS

Registration Date * 28 - 05 - 2026

Date of Implant * 27 - 05 - 2026

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name SAARTJIE

Species * FELINE

Colour CALICO

Gender Male Female

Date of birth

Breed * DSH

Markings

Sterilised Yes No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

The client hereby agrees that his / her personal information herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said Veterinarian and / or it's office to bring about this agreement between the client and the veterinarian. The client further agrees that the veterinarian may forward his / her personal information to VIRBAC (Supplier of the Chip), in order for Virbac to lodge the clients personal information on their database for tracking purposes. The client also agrees that where other relevant institutions need to trace a lost animal, and they use that code on Virbac's website they will be given the personal information of the owner of said animal. The client also agrees that his / her personal information may be used by Virbac to forward him / her a Newsletter as well as to send him / her general information concerning pets. The client acknowledges that he / she has a right to object to the processing of its personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE _____ MMuller

REGISTRATION PROCESS - Please use one of the following option to register on the backhome database

1. On-line	Log onto www.backhome.co.za. Complete the registration process.
2. By fax	Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364
3. By e-mail	Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
4. By App	Download the Virbac Backhome Mica App

99200300006 45680

ADMISSION NO: MBY 10687

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO   DATE UNDERTAKEN: 27/05/26   TIME: 09:46

NAME OF APPLICANT: Mr + Mrs Muller

ADDRESS: 21 ste Laan 62 Mosselbay

HOME TEL No: ______ CELL No: 082455 8084 / 072 909 4987

ANIMAL(S) ADOPTING: Tabby + Calico

SEX: Females   AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: [illegible]		Suitability of fence (i.e. small pets can't escape):	
Suitable shelter? (i.e. Kennel in protected area)	YES ☒ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☒
Is the front yard separated from the back?	YES ☐ / NO ☒	If yes, what partitioning?	
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	Specify:	
Does applicant live at the address?	YES ☒ / NO ☐	How many animals are on the property?	0

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS	No welfare concerns.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS   ☒ SMALL DOGS

☒ MEDIUM DOGS   ☒ LARGE DOGS

INSPECTED BY: Kiker   SPCA: Mosselbay   SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.				ADMISSION No.		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes / No	Lost & Found Date checked	
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked		Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog	Cat ✓	Other species (Specify)		
Breed		Colour and Markings		
Condition		Sex	Age	
Temperament		Sterilisation details	Name	
Coat	Tail	Teeth Condition	Ears	Size
Area found / collected from				Date
Reason for surrender				

ASSESSMENT		
GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	Yes	No
Jump Fences		
Run Away		
COMMENTS:		

Surrendered by / Found by		Name			
Residential Address					
Postal Address					
Tel (H)	Tel (W)	Cell			
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: _____

STATEMENT OF SURRENDER

I do hereby certify that I **DO** / ~~DO NOT~~ own the animal/s described above, that it **(IS)** / ~~IT IS NOT~~ a stray and I **DO** / ~~DO NOT~~ know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion of the SPCA. It is expressly agreed that neither the SPCA nor its officers and employees will incur any obligation to me on account of such disposition of said animal/s. I confirm that I am over the age of eighteen (18) years of age. **Also see" Conditions on reversed side.**

Hiermee verklaar ek dat ek dier/e hierbo beskryf **BESIT / NIE BESIT NIE,** dat dit 'n **RONDLOPER / NIE RONDLOPER NIE** is, en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdrukiik ooreengekom dat nog die DBV nog sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien ook die "Voorwaardes" op die agterblad.**

Signature	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
14/05/26	Milpro		

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL
DEWORMING FOR HAPPIER HEALTHIER DOGS

NOTE TO MY OWNER:
Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when in order are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 27.5.2026

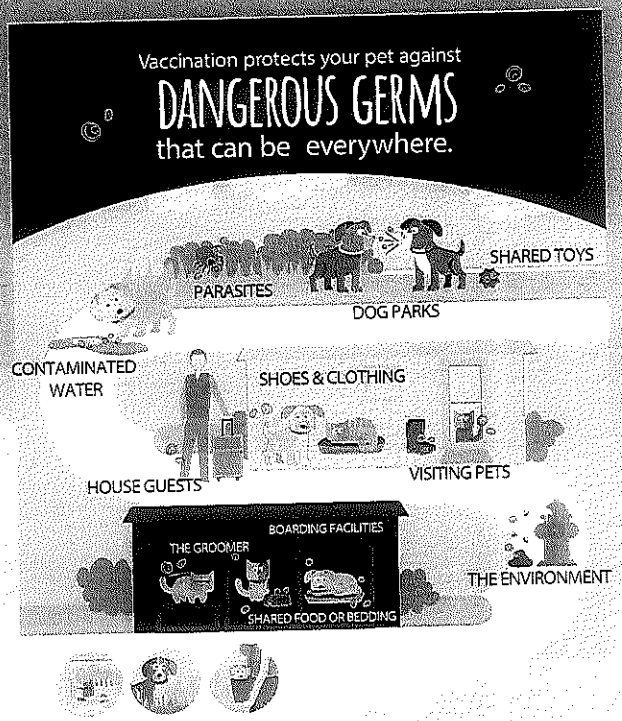
DOCTOR'S NAME Dr. E. Senekal

Garden Route SPCA
P.O. Box 258
George,6530
Ph (044) 873 0824
PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

Garden Route SPCA

Ossie Urban street
Tamsui Industria
George Branch

044 878 1990
082 378 7384
clinicg@grspca.co.za (Reception)
theatreg@grspca.co.za (Clinic Manager)

Consulting Hours

Monday - Friday: 09:00 - 16:00
Saturday, Sunday and Public Holidays closed

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: Antonie Michael Muller
- Contact Number: 082 455 8084
- Email Address: mmuller@wispernet.co.za

2. Additional Family Member/Friend Details

- Full Name: _____
- Contact Number: _____
- Email Address: _____

3. Previous SPCA Adoption

- Have you previously adopted SPCA? (Yes/No)
- If yes, when? _____
- Where? _____
- What animal did you adopt? ~~2 Cats~~

1. Adoption Contract Acknowledgment

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: AMuller

Date: 28/05/2026

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof for residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Mnr + Mev. A M Muller

HOME ADDRESS: 21 Ste Laan 62

ID NO.: 5006205077086

POSTAL ADDRESS: -

TEL NO (H): 072 909 4981 (B): -

CELL NO: 082 455 8084 FAX NO: -

EMAIL: mmuller@wispernet.co.za

Address where animal will be kept: As Above

Occupation: Retired

Do you own or rent your property: own Do you have consent from owner / Body Corporate? N/A

Are you a student with consent to keep pets: YES/NO

Reason for wanting animal: Company, Love

Is the animal for yourself? YES/NO

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES/NO

What breed of dog or cat are you interested in? Domestic cats

Can you afford private fees? Yes Who is your vet? Dr Stander

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 0

What are the sexes of your animals? DOGS: Male 0 Female 0 CATS: Male 0 Female 0

Are all your animals sterilised? Give details Have none

How many dogs and cats have you owned in the last 3 years? DOGS? 1 CATS? 3 OTHER? 6

Which animals do you still have, and what happened to the others? None

Is your property fenced and has a proper gate? Yes Will you chain/ an animal? NO

Full description of the fencing and gate: Electric fencing + gate Height: 2 M +

What shelter is provided: OUTDOORS - KENNEL - OTHER Indoors

Have you previously had pets from an SPCA? NO Are there children under 10 in your household? NO

Pre Home Inspection Fee: R100 Receipt No: 10037

Declaration: The above information is true and correct
I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

SIGNATURE OF APPLICANT MMMuller **Date of application** 21/05/2026

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER: 58-002040-005-8

DATUM VAN REKENING: 21/05/2026

LAASTE KWITANSIE DATUM: 20/05/2026

VOORAFBETAALDE METERNOMMER:

BTW REG. NO.
Naam:
MULLER AMJ
Liggingsadres:
62 21STE LAAN MOSSELBAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO: 2680.00	ERF NOMMER: 2040000	TOTALE WAARDASIE: 1000	WYK No: 8

DATUM	BESONDERHEDE		BEDRAG
	BALANS OORGEBRING		1639.06
20/05/2026 16820	ELEKTRISITEIT 20/03/2026-22/04/2026		728.61 *
	52677 - 52752 (75 KWH 33 Dae)		
	BASIES	431.91	
	07/25 75.00 @ 2.689 =	201.67	
	VAT/BTW	95.03	
20/05/2026 711591	WATER		300.89 *
	BASIES	261.39	
	VAT/BTW	39.20	
20/05/2026 300008	VULLIS		320.62 *
20/05/2026 400008	RIOOL		365.61 *
	KWITANSIES		1639.00-
	Balans Oorgedra		0.49-
BTW OP '*' ITEMS:	223.73 ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	0.00	1715.49	1715.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/06/2026	1715.00

VAT No. / BTW Nr. 4930116370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details /Betalings Besonderhede

Standard Bank
PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 580020400058

>>>>>>9152656800204000583

11379 580020400058

Message /Boodskap

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**
Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined beneficiary on the Bank Directory.

SOUTH AFRICA
Permit Mail
P4010395

Vou en skeur af.

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Mossel Bay MUNICIPALITY

MULLER AMJ
POSBUS 29
HERBERTSDALE
6505

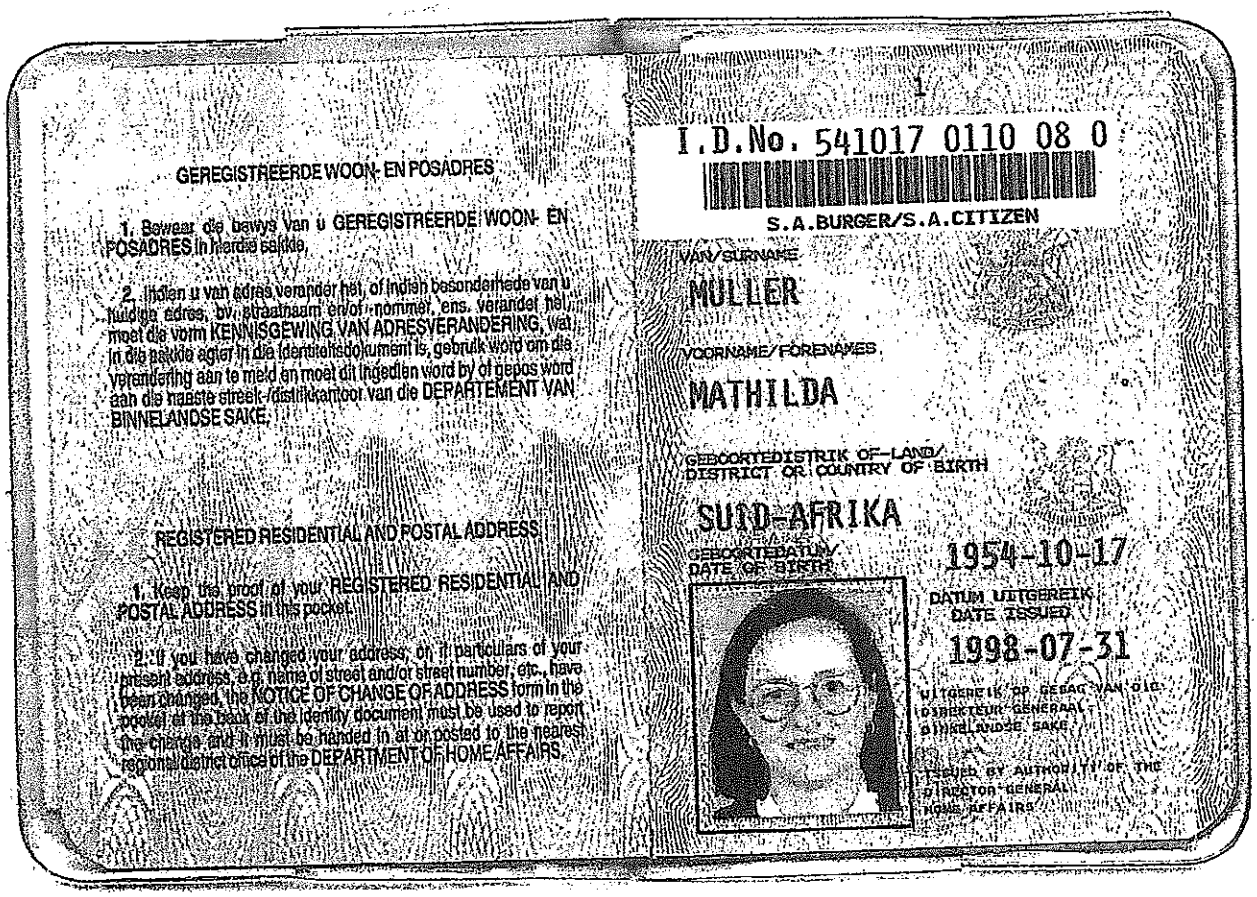
58-002040-005-8

Fold and tear on perforation.

2013-01-24

Adv. Cornelius Johannes Müller Date
PO Box 1696, Kimberley 8300

Gesertifiseer 'n ware afskrif
van die oorspronklike
Certified a true copy of the original



GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D.No. 541017 0110 08 0

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
MULLER

VOORNAME/FORENAMES
MATHILDA

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH
1954-10-17

DATUM UITGEREIK
DATE ISSUED
1998-07-31

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS